



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$940401843
Outpatient Patient Service Revenue	\$992278256
Total Gross Patient Service Revenue	\$1932680099

2. Deductions From Revenue

Contractual Allowance	\$1474896901
Other Deductions	\$-15221867
Total Deductions	\$1459675034

3. Total Operating Revenue

Net Patient Service Revenue	\$473005065
Other Operating Revenue	\$19306068
Total Operating Revenue	\$492311133

4. Operating Expenses

Salaries and Wages	\$112214563	Employee Benefits	\$29584308
Depreciation and Amortization	\$20289217	Interest Expense	\$2234158
Bad Debt	\$23231183	Other Expenses	\$236693542
Total Operating Expenses	\$424246971		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$68064162	Total Assets	\$613880366
Net Non-operating Gains over Loss	\$9908401	Total Liabilities	\$613880366

Total Net Gains	\$77972563
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1083645836	\$894108330	\$189537506
Medicaid	\$346501321	\$264723323	\$81777998
Other Government	\$41068859	\$34894118	\$6174741
Other State	\$0	\$0	\$0
Other Payers	\$461464083	\$289180445	\$172283638
Total	\$1932680099	\$1482906216	\$449773883

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$499171	\$-499171

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1503883	\$-1503883

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$12757445	\$-12757445
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	63
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	180

Statement Six: Charity Statement

Hospital Charity Charges	\$37126583
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7638379	
HCI Payments	\$0		
Subtotal	\$0	\$7638379	\$-7638379
Medicaid Shortfalls	\$82226527	\$94197056	
Subtotal	\$82226527	\$101835435	\$-19608908
DSH Payments	\$0		
Subtotal	\$82226527	\$101835435	\$-19608908
Medicare Shortfalls	\$133618566	\$135488403	
Other Government Programs	\$0	\$0	
Total	\$215845093	\$237323838	\$-21478745

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1182764	\$-1182764
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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